MISSOURI DEPARTMENT OF REVENUE
STATEMENT OF INCOME TAX PAYMENTS FOR NONRESIDENT INDIVIDUAL PARTNERS OR S CORPORATION SHAREHOLDERS

1999
FORM
MO-2NR

DLN

FOR CALENDAR YEAR 1999 OR FISCAL YEAR BEGINNING ,1999 AND ENDING , 2000

1. NAME OF PARTNERSHIP/S CORPORATION	**DOR ONLY**	2. MISSOURI TAX ID NUMBER
ADDRESS		3. FEDERAL TAX ID NUMBER

CITY OR TOWN | STATE | ZIP CODE
4. TYPE OF ENTITY
☐ Partnership ☐ S Corporation ☐ Limited Liability Company (Treated as a Partnership)

5. NAME OF PARTNER/SHAREHOLDER
6. SOCIAL SECURITY NUMBER

ADDRESS
7. INCOME SUBJECT TO TAX 00

CITY OR TOWN | STATE | ZIP CODE
8. MISSOURI INCOME TAX PAYMENT 00

Partner/Shareholder copy — Keep this copy for your records

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Attach to Form MO-1NR. See instructions for Line 1 of Form MO-1NR.

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